



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation

State ☐  
District ☐  
County ☐

<b>DUE DATES:</b>	<b>First Semester</b>	<b>Second Semester</b>
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: <b>44 Rosebud</b>			District: <b>0789 Birney Elem</b>		District Level: <b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
3	1117	No	GILLILAND, KAYLEEN	1.50	_____
3	1118	No	KNOBLOCH, JR., JACK	1.45	_____
3	1119	No	SLAYTON, LINDA	8.50	_____
3	1120	No	WOOD, PHIL	3.00	_____



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Date			Signature, Chair, Board of Trustees		
County: <b>44 Rosebud</b>			District: <b>0790 Forsyth Elem</b>		District Level: <b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
4	1389	No	BIDWELL, ERICA	0.25	_____
4	1391	No	PATTERSON, LISA	0.25	_____
4	1392	No	THOMPSON, ROBERTA	2.75	_____
4	1393	No	TURNER, MARY JO	1.00	_____
4	1394	Yes	BROWN, CATHERINE	2.83	_____
4	2286	No	Williams, Jennifer	3.00	_____



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Date			Signature, Chair, Board of Trustees		
County: <b>44 Rosebud</b>			District: <b>0791 Forsyth H S</b>		District Level: <b>High School</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
4	1394	Yes	BROWN, CATHERINE	2.82	_____
4	1395	No	SCHENK, JR., RUTH & FRED	0.55	_____



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District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
12	1121	No	Jackson, Cathy		3.50	



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District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
19	1386	Yes	BAILEY, DEANN		4.75	



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District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
32J	1363	Yes	MRAZ, DAWN		2.50	